



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2006  
OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code	1311	1311	NAIC Company Code	95844	Employer's ID Number	38-2242827
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ ]      Property/Casualty [ ]      Dental Service Corporation [ ] Vision Service Corporation [ ]      Other [ ]      Health Maintenance Organization [ X ] Hospital, Medical & Dental Service or Indemnity [ ]      Is HMO, Federally Qualified? Yes [ X ] No [ ]					
Incorporated/Organized	06/27/1978			Commenced Business	02/08/1979	
Statutory Home Office	2850 West Grand Boulevard			Detroit, MI 48202		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	2850 West Grand Boulevard					
	Detroit, MI 48202			313-872-8100		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	2850 West Grand Boulevard			Detroit, MI 48202		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	2850 West Grand Boulevard					
	Detroit, MI 48202			248-443-1093		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	www.hap.org					
Statutory Statement Contact	Dianna Ronan CPA			248-443-1093		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	dronan@hap.org			248-443-8610		
	(E-mail Address)			(FAX Number)		
Policyowner Relations Contact	2850 West Grand Boulevard					
	Detroit, MI 48202			313-872-8100		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number) (Extension)		

OFFICERS

Name	Title	Name	Title
Francine Parker	President and CEO	Maurice E. McMurray	Secretary
Ronald W. Berry	Treasurer	Colleen McClorey	Assistant Secretary

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Nicholas C Anderson	Donald W Boggs	Mary Beth Bolton M D	Mary E Bunn #
Herman W Coleman	William A Conway M D	Dennis H DePaulis	Mary C Dickson
John T Gargaro	Jethro Joseph	Jackie Martin #	Francine Parker
William L Peirce	Carol Quigley IHM	Catherine A Roberts	Robin Scales-Wooten
Nancy Schlichting	Gerald K Smith	Rebecca R Smith M D	Susan Wells #

State of .....Michigan.....

ss

County of .....Wayne.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Francine Parker  
President and CEO

Maurice E McMurray  
Secretary

Ronald W Berry  
Treasurer

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_,

Roderick Irwin Curry  
Notary  
August 14 2013

- a. Is this an original filing? Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

## ANNUAL STATEMENT FOR THE YEAR 2006 OF THE Health Alliance Plan of Michigan

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[illegible]

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EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	7,793,243		6,048,464	1,744,779	1,744,779	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	7,793,243	0	6,048,464	1,744,779	1,744,779	0





ANNUAL STATEMENT FOR THE YEAR 2006 OF THE  
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. Detroit Michigan

NAIC Group Code		1311		BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2006					(LOCATION)		NAIC Company Code		95844	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13		
			2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other		
Total Members at end of:																
1. Prior Year .....		449,656	5,176	377,538	23,741			26,199	17,002							
2. First Quarter .....		443,766	4,887	372,201	21,779			26,216	18,683							
3. Second Quarter .....		440,932	4,653	369,058	21,466			26,257	19,498							
4. Third Quarter .....		436,444	4,671	364,593	20,173			26,188	20,819							
5. Current Year		430,864	4,469	359,146	20,203			26,332	20,714							
6. Current Year Member Months		5,268,071	56,794	4,407,113	254,303			315,066	234,795							
Total Member Ambulatory Encounters for Year:																
7. Physician .....		1,619,567												1,619,567		
8. Non-Physician .....		816,310												816,310		
9. Total		2,435,877	0	0	0	0	0	0	0	0	0	0	0	2,435,877		
10. Hospital Patient Days Incurred		168,301		90,466	43,961				33,069					805		
11. Number of Inpatient Admissions		41,471		24,700	7,477				9,148					146		
12. Health Premiums Written.....		1,598,583,092	15,634,368	1,175,293,570	107,097,591			92,396,687	208,160,876							
13. Life Premiums Direct.....		0														
14. Property/Casualty Premiums Written.....		0														
15. Health Premiums Earned.....		1,587,239,857	15,849,280	1,165,235,020	107,097,591			90,897,090	208,160,876							
16. Property/Casualty Premiums Earned.....		0														
17. Amount Paid for Provision of Health Care Services .....		1,427,845,246	14,162,272	1,041,206,640	93,045,550			90,772,447	188,658,337							
18. Amount Incurred for Provision of Health Care Services		1,444,264,594	14,351,389	1,055,110,482	92,955,845			90,778,924	191,067,954							

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_

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ANNUAL STATEMENT FOR THE YEAR 2006 OF THE  
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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2. \_\_\_\_\_

	NAIC Group Code 1311 BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2006								(LOCATION) NAIC Company Code 95844	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year .....	449,656	5,176	377,538	23,741	0	0	26,199	17,002	0	0	0	0	0
2. First Quarter .....	443,766	4,887	372,201	21,779	0	0	26,216	18,683	0	0	0	0	0
3. Second Quarter .....	440,932	4,653	369,058	21,466	0	0	26,257	19,498	0	0	0	0	0
4. Third Quarter .....	436,444	4,671	364,593	20,173	0	0	26,188	20,819	0	0	0	0	0
5. Current Year	430,864	4,469	359,146	20,203	0	0	26,332	20,714	0	0	0	0	0
6. Current Year Member Months	5,268,071	56,794	4,407,113	254,303	0	0	315,066	234,795	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician .....	1,619,567	0	0	0	0	0	0	0	0	0	0	0	1,619,567
8. Non-Physician .....	816,310	0	0	0	0	0	0	0	0	0	0	0	816,310
9. Total	2,435,877	0	0	0	0	0	0	0	0	0	0	0	2,435,877
10. Hospital Patient Days Incurred	168,301	0	90,466	43,961	0	0	0	33,069	0	0	0	0	805
11. Number of Inpatient Admissions	41,471	0	24,700	7,477	0	0	0	9,148	0	0	0	0	146
12. Health Premiums Written .....	1,598,583,092	15,634,368	1,175,293,570	107,097,591	0	0	92,396,687	208,160,876	0	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	1,587,239,857	15,849,280	1,165,235,020	107,097,591	0	0	90,897,090	208,160,876	0	0	0	0	0
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	1,427,845,246	14,162,272	1,041,206,640	93,045,550	0	0	90,772,447	188,658,337	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,444,264,594	14,351,389	1,055,110,482	92,955,845	0	0	90,778,924	191,067,954	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

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SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31, prior year.....	3,410,393
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11 .....	(822,606)
2.2 Totals, Part 3, Column 7 .....	.0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9) .....	.0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14.....	207,587
4.2 Totals, Part 3, Column 9 .....	.0
5. Total profit (loss) on sales, Part 3, Column 14 .....	.0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12.....	.0
6.2 Totals, Part 3, Column 8 .....	.0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 13 .....	.0
8. Book/adjusted carrying value at end of current period .....	2,795,374
9. Total valuation allowance .....	
10. Subtotal (Lines 8 plus 9) .....	2,795,374
11. Total nonadmitted amounts .....	1,911,881
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column) .....	883,493

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest of mortgage owned, December 31, prior year .....	.0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions .....	
2.2 Additional investment made after acquisitions .....	.0
3. Accrual of discount and mortgage interest points and commitment fees .....	
4. Increase (decrease) by adjustment .....	
5. Total profit (loss) on sale .....	
6. Amounts paid on account or in full during the year .....	
7. Amortization of premium .....	
8. Increase (decrease) by foreign exchange adjustment .....	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	.0
10. Total valuation allowance .....	
11. Subtotal (Lines 9 plus 10) .....	.0
12. Total nonadmitted amounts .....	
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column).....	.0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	59,351,008
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions .....	
2.2 Additional investment made after acquisitions .....	.0
3. Accrual of discount .....	
4. Increase (decrease) by adjustment .....	3,828,432
5. Total profit (loss) on sale .....	6,619
6. Amounts paid on account or in full during the year .....	129,407
7. Amortization of premium .....	
8. Increase (decrease) by foreign exchange adjustment .....	
9. Book/adjusted carrying value of long-term invested assets at end of current period .....	63,056,652
10. Total valuation allowance .....	
11. Subtotal (Lines 9 plus 10) .....	63,056,652
12. Total nonadmitted amounts .....	
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).....	63,056,652

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SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Class 1 .....	13,000,000					13,000,000	30.6	13,000,000	100.0	13,000,000	
1.2 Class 2 .....						0	0.0	0	0.0		
1.3 Class 3 .....						0	0.0	0	0.0		
1.4 Class 4 .....						0	0.0	0	0.0		
1.5 Class 5 .....						0	0.0	0	0.0		
1.6 Class 6 .....						0	0.0	0	0.0		
1.7 Totals	13,000,000	0	0	0	0	13,000,000	30.6	13,000,000	100.0	13,000,000	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1 .....						0	0.0	0	0.0		
2.2 Class 2 .....						0	0.0	0	0.0		
2.3 Class 3 .....						0	0.0	0	0.0		
2.4 Class 4 .....						0	0.0	0	0.0		
2.5 Class 5 .....						0	0.0	0	0.0		
2.6 Class 6 .....						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1 .....						0	0.0	0	0.0		
3.2 Class 2 .....						0	0.0	0	0.0		
3.3 Class 3 .....						0	0.0	0	0.0		
3.4 Class 4 .....						0	0.0	0	0.0		
3.5 Class 5 .....						0	0.0	0	0.0		
3.6 Class 6 .....						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1 .....						0	0.0	0	0.0		
4.2 Class 2 .....						0	0.0	0	0.0		
4.3 Class 3 .....						0	0.0	0	0.0		
4.4 Class 4 .....						0	0.0	0	0.0		
4.5 Class 5 .....						0	0.0	0	0.0		
4.6 Class 6 .....						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1 .....						0	0.0	0	0.0		
5.2 Class 2 .....						0	0.0	0	0.0		
5.3 Class 3 .....						0	0.0	0	0.0		
5.4 Class 4 .....						0	0.0	0	0.0		
5.5 Class 5 .....						0	0.0	0	0.0		
5.6 Class 6 .....						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Class 1 .....						.0	.0	.0	.0		
6.2 Class 2 .....						.0	.0	.0	.0		
6.3 Class 3 .....						.0	.0	.0	.0		
6.4 Class 4 .....						.0	.0	.0	.0		
6.5 Class 5 .....						.0	.0	.0	.0		
6.6 Class 6 .....						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Class 1 .....	29,460,410					29,460,410	69.4	.0	.0	29,460,410	
7.2 Class 2 .....						.0	.0	.0	.0		
7.3 Class 3 .....						.0	.0	.0	.0		
7.4 Class 4 .....						.0	.0	.0	.0		
7.5 Class 5 .....						.0	.0	.0	.0		
7.6 Class 6 .....						0	0.0	0	0.0		
7.7 Totals	29,460,410	0	0	0	0	29,460,410	69.4	0	0.0	29,460,410	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Class 1 .....						.0	.0	.0	.0		
8.2 Class 2 .....						.0	.0	.0	.0		
8.3 Class 3 .....						.0	.0	.0	.0		
8.4 Class 4 .....						.0	.0	.0	.0		
8.5 Class 5 .....						.0	.0	.0	.0		
8.6 Class 6 .....						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Class 1 .....						.0	.0	.0	.0		
9.2 Class 2 .....						.0	.0	.0	.0		
9.3 Class 3 .....						.0	.0	.0	.0		
9.4 Class 4 .....						.0	.0	.0	.0		
9.5 Class 5 .....						.0	.0	.0	.0		
9.6 Class 6 .....						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

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Health Alliance Plan of Michigan

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>											
10.1 Class 1 .....	42,460,410	.0	.0	.0	.0	42,460,410	100.0	XXX	XXX	42,460,410	.0
10.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.5 Class 5 .....	.0	.0	.0	.0	.0	(c) .0	0.0	XXX	XXX	.0	.0
10.6 Class 6 .....	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.7 Totals .....	42,460,410	.0	.0	.0	.0	(b) 42,460,410	100.0	XXX	XXX	42,460,410	.0
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1 .....	13,000,000	.0	.0	.0	.0	XXX	XXX	13,000,000	100.0	13,000,000	.0
11.2 Class 2 .....	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.3 Class 3 .....	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.4 Class 4 .....	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.5 Class 5 .....	.0	.0	.0	.0	.0	XXX	XXX	(c) .0	0.0	.0	.0
11.6 Class 6 .....	0	0	0	0	0	XXX	XXX	(c) .0	0.0	0	0
11.7 Totals .....	13,000,000	.0	.0	.0	.0	XXX	XXX	(b) 13,000,000	100.0	13,000,000	.0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1 .....	42,460,410					42,460,410	100.0	13,000,000	100.0	42,460,410	XXX
12.2 Class 2 .....						.0	0.0	.0	0.0	.0	XXX
12.3 Class 3 .....						.0	0.0	.0	0.0	.0	XXX
12.4 Class 4 .....						.0	0.0	.0	0.0	.0	XXX
12.5 Class 5 .....						.0	0.0	.0	0.0	.0	XXX
12.6 Class 6 .....						0	0.0	0	0.0	0	XXX
12.7 Totals .....	42,460,410	.0	.0	.0	.0	42,460,410	100.0	13,000,000	100.0	42,460,410	XXX
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1 .....						.0	0.0	.0	0.0	XXX	.0
13.2 Class 2 .....						.0	0.0	.0	0.0	XXX	.0
13.3 Class 3 .....						.0	0.0	.0	0.0	XXX	.0
13.4 Class 4 .....						.0	0.0	.0	0.0	XXX	.0
13.5 Class 5 .....						.0	0.0	.0	0.0	XXX	.0
13.6 Class 6 .....						0	0.0	0	0.0	XXX	0
13.7 Totals .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ ..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$ ..... current year, \$ ..... prior year of bonds with Z designations and \$ ..... , current year, \$ ..... prior year of bonds with Z\* designations. The letter “Z” means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. “Z\*” means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
(c) Includes \$ ..... current year, \$ ..... prior year of bonds with 5\* designations and \$ ..... , current year, \$ ..... prior year of bonds with 6\* designations. “5\*” means the NAIC designation was assigned by the SVO in reliance on the insurer’s certification that the issuer is current in all principal and interest payments. “6\*” means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

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SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Issuer Obligations .....	13,000,000					13,000,000	30.6	13,000,000	100.0	13,000,000	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						0	0.0	0	0.0		
1.7 Totals .....	13,000,000	0	0	0	0	13,000,000	30.6	13,000,000	100.0	13,000,000	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Issuer Obligations .....						0	0.0	0	0.0		
2.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .....											
2.3 Defined .....						0	0.0	0	0.0		
2.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES .....											
2.5 Defined .....						0	0.0	0	0.0		
2.6 Other .....						0	0.0	0	0.0		
2.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>3. States, Territories, and Possessions Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Issuer Obligations .....						0	0.0	0	0.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .....											
3.3 Defined .....						0	0.0	0	0.0		
3.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES .....											
3.5 Defined .....						0	0.0	0	0.0		
3.6 Other .....						0	0.0	0	0.0		
3.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Issuer Obligations .....						0	0.0	0	0.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .....											
4.3 Defined .....						0	0.0	0	0.0		
4.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES .....											
4.5 Defined .....						0	0.0	0	0.0		
4.6 Other .....						0	0.0	0	0.0		
4.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>5. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Issuer Obligations .....						0	0.0	0	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .....											
5.3 Defined .....						0	0.0	0	0.0		
5.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES .....											
5.5 Defined .....						0	0.0	0	0.0		
5.6 Other .....						0	0.0	0	0.0		
5.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0

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SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Issuer Obligations .....						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES .....											
6.3 Defined .....						0	0.0	0	0.0		
6.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES .....											
6.5 Defined .....						0	0.0	0	0.0		
6.6 Other .....						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Issuer Obligations .....	29,460,410					29,460,410	69.4	0	0.0	29,460,410	
7.2 Single Class Mortgage-Backed/Asset-Based Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES .....											
7.3 Defined .....						0	0.0	0	0.0		
7.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES .....											
7.5 Defined .....						0	0.0	0	0.0		
7.6 Other .....						0	0.0	0	0.0		
7.7 Totals	29,460,410	0	0	0	0	29,460,410	69.4	0	0.0	29,460,410	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Issuer Obligations .....						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parents, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Issuer Obligations .....						0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES .....											
9.3 Defined .....						0	0.0	0	0.0		
9.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES .....											
9.5 Defined .....						0	0.0	0	0.0		
9.6 Other .....						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE  
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SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	42,460,410	.0	.0	.0	.0	42,460,410	100.0	XXX	XXX	42,460,410	.0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0
10.4 Other	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0
10.6 Other	.0	.0	.0	.0	.0	.0	.0	XXX	XXX	.0	.0
10.7 Totals	42,460,410	.0	.0	.0	.0	42,460,410	100.0	XXX	XXX	42,460,410	.0
10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	13,000,000	.0	.0	.0	.0	XXX	XXX	13,000,000	100.0	13,000,000	.0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0
11.4 Other	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0
11.6 Other	.0	.0	.0	.0	.0	XXX	XXX	.0	.0	.0	.0
11.7 Totals	13,000,000	.0	.0	.0	.0	XXX	XXX	13,000,000	100.0	13,000,000	.0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	42,460,410					42,460,410	100.0	13,000,000	100.0	42,460,410	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities						.0	.0	.0	.0	.0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined						.0	.0	.0	.0	.0	XXX
12.4 Other						.0	.0	.0	.0	.0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined						.0	.0	.0	.0	.0	XXX
12.6 Other						.0	.0	.0	.0	.0	XXX
12.7 Totals	42,460,410	.0	.0	.0	.0	42,460,410	100.0	13,000,000	100.0	42,460,410	XXX
12.8 Line 12.7 as a % of Col. 6	100.0	.0	.0	.0	.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations						.0	.0	.0	.0	XXX	.0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities						.0	.0	.0	.0	XXX	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
13.3 Defined						.0	.0	.0	.0	XXX	.0
13.4 Other						.0	.0	.0	.0	XXX	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
13.5 Defined						.0	.0	.0	.0	XXX	.0
13.6 Other						.0	.0	.0	.0	XXX	.0
13.7 Totals	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	.0	.0	.0	.0	.0	.0	XXX	XXX	XXX	XXX	.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	.0	.0	.0	.0	.0	.0	XXX	XXX	XXX	XXX	.0

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE  
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SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments					
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year .....	13,000,000	13,000,000	0	0	0
2. Cost of short-term investments acquired .....	29,460,410	29,460,410			
3. Increase (decrease) by adjustment .....	0				
4. Increase (decrease) by foreign exchange adjustment .....	0				
5. Total profit (loss) on disposal of short-term investments .....	0				
6. Consideration received on disposal of short-term investments .....	0				
7. Book/adjusted carrying value, current year .....	42,460,410	42,460,410	0	0	0
8. Total valuation allowance .....	0				
9. Subtotal (Lines 7 plus 8) .....	42,460,410	42,460,410	0	0	0
10. Total nonadmitted amounts .....	0				
11. Statement value (Lines 9 minus 10) .....	42,460,410	42,460,410	0	0	0
12. Income collected during year .....	562,452	562,452			
13. Income earned during year .....	796,386	796,386			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: .....

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE  
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SCHEDULE S-PART 6  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10) .....	364,684,814		364,684,814
2. Accident and health premiums due and unpaid (Line 13).....	19,289,034		19,289,034
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	10,002,200		10,002,200
6. Total assets (Line 26)	393,976,048	0	393,976,048
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	97,911,257	0	97,911,257
8. Accrued medical incentive pool and bonus payments (Line 2).....	2,152,020		2,152,020
9. Premiums received in advance (Line 8).....	17,777,822		17,777,822
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	33,782,696		33,782,696
12. Total liabilities (Line 22).....	151,623,795	0	151,623,795
13. Total capital and surplus (Line 31).....	242,352,253	XXX	242,352,253
14. Total liabilities, capital and surplus (Line 32)	393,976,048	0	393,976,048
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance .....	0		
18. Reinsurance recoverable on paid losses .....	0		
19. Other ceded reinsurance recoverables .....	0		
20. Total ceded reinsurance recoverables .....	0		
21. Premiums receivable .....	0		
22. Unauthorized reinsurance .....	0		
23. Other ceded reinsurance payables/offsets .....	0		
24. Total ceded reinsurance payables/offsets .....	0		
25. Total net credit for ceded reinsurance	0		

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SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama .....	AL						.0
2. Alaska .....	AK						.0
3. Arizona .....	AZ						.0
4. Arkansas .....	AR						.0
5. California .....	CA						.0
6. Colorado .....	CO						.0
7. Connecticut .....	CT						.0
8. Delaware .....	DE						.0
9. District of Columbia .....	DC						.0
10. Florida .....	FL						.0
11. Georgia .....	GA						.0
12. Hawaii .....	HI						.0
13. Idaho .....	ID						.0
14. Illinois .....	IL						.0
15. Indiana .....	IN						.0
16. Iowa .....	IA						.0
17. Kansas .....	KS						.0
18. Kentucky .....	KY						.0
19. Louisiana .....	LA						.0
20. Maine .....	ME						.0
21. Maryland .....	MD						.0
22. Massachusetts .....	MA						.0
23. Michigan .....	MI						.0
24. Minnesota .....	MN						.0
25. Mississippi .....	MS						.0
26. Missouri .....	MO						.0
27. Montana .....	MT						.0
28. Nebraska .....	NE						.0
29. Nevada .....	NV						.0
30. New Hampshire .....	NH						.0
31. New Jersey .....	NJ						.0
32. New Mexico .....	NM						.0
33. New York .....	NY						.0
34. North Carolina .....	NC						.0
35. North Dakota .....	ND						.0
36. Ohio .....	OH						.0
37. Oklahoma .....	OK						.0
38. Oregon .....	OR						.0
39. Pennsylvania .....	PA						.0
40. Rhode Island .....	RI						.0
41. South Carolina .....	SC						.0
42. South Dakota .....	SD						.0
43. Tennessee .....	TN						.0
44. Texas .....	TX						.0
45. Utah .....	UT						.0
46. Vermont .....	VT						.0
47. Virginia .....	VA						.0
48. Washington .....	WA						.0
49. West Virginia .....	WV						.0
50. Wisconsin .....	WI						.0
51. Wyoming .....	WY						.0
52. American Samoa .....	AS						.0
53. Guam .....	GU						.0
54. Puerto Rico .....	PR						.0
55. U.S. Virgin Islands .....	VI						.0
56. Northern Mariana Islands .....	MP						.0
57. Canada .....	CN						.0
58. Aggregate Other Alien .....	OT						.0
59. Totals		0	0	0	0	0	0

NONE

## 55

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
60134	38-2513504	Preferred Health Plan					(98,241)				(98,241)	
95844	38-3291563	Alliance Health and Life Insurance Compa					(10,682,565)				(10,682,565)	
	38-2242827	Health Alliance Plan of Michigan	(30,000,000)				10,289,225				(19,710,775)	
	38-1357020	Henry Ford Health System	30,000,000				687,996				30,687,996	
	38-3497140	CuraNet LLC					(196,415)				(196,415)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

9.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....YES.....
10.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
11.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
13.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....SEE EXPLANATION.....

APRIL FILING

14.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?

.....NO.....
15.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
16.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?


.....NO.....

EXPLANATION:


10. The Company does not write Life business
11. The Company is not licensed as a Property/Casualty insurer
12. The Company is not a stock company
13. The Company provides Medicare Part D through a Medicare Advantage plan
14. The Company does not write LTC business
15. The Company does not write Life business
16. The Company is not licensed as a Property/Casualty insurer

BAR CODE:


10.




9 5 8 4 4 2 0 0 6 2 0 5 0 0 0 0 0
11.




9 5 8 4 4 2 0 0 6 2 0 7 0 0 0 0 0
12.




9 5 8 4 4 2 0 0 6 4 2 0 0 0 0 0 0
14.



9 5 8 4 4 2 0 0 6 3 3 0 5 9 0 0 0
15.



9 5 8 4 4 2 0 0 6 2 1 1 5 9 0 0 0
16.



9 5 8 4 4 2 0 0 6 2 1 3 0 0 0 0 0



ANNUAL STATEMENT FOR THE YEAR 2006 OF THE  
Health Alliance Plan of Michigan

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23.  
\*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2304. Goodwill.....	9,986,471	9,986,471	0	0
2305. Prepaid Expense.....	1,758,719	1,758,719	0	0
2306. Other Assets.....	57,843		57,843	77,843
2397. Summary of remaining write-ins for Line 23 from Page 2	11,803,033	11,745,189	57,843	77,843



**SUPPLEMENTAL EXHIBIT FOR THE YEAR 2006 OF THE  
Health Alliance Plan of Michigan**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

**For The Year Ended December 31, 2006  
(To Be Filed by March 1)**

**FOR THE STATE OF Michigan**

NAIC Group Code 1311

NAIC Company Code 95844

Address (City, State and Zip Code) Detroit, Michigan 48202

Person Completing This Exhibit Dianna Ronan

**Title** Vice President Financial Services

.. Telephone Number 248-443-1093

[illegible]

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give complete and full details:

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

- 2.1 Address: 2850 West Grand Boulevard Detroit, MI 48202 .....

- 2.2 Contact Person and Phone Number: Donald Kieftuk 248-443-2038

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

- 3.1 Address: 2850 West Grand Boulevard Detroit, MI 48202

- 3.2 Contact Person and Phone Number: Tamara VonKnorring 248-443-1154

4. Explain any policies identified above as policy type "O".

## EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2006 OF THE  
Health Alliance Plan of Michigan

EXHIBIT 7 - DEPOSIT TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....	.0					
2. Deposits received during the year .....	.0					
3. Investment earnings credited to the account .....	.0					
4. Other net change in reserves .....	.0					
5. Fees and other charges assessed .....	.0					
6. Surrender charges .....	.0					
7. Net surrender or withdrawal payments .....	.0					
8. Other net transfers to or (from) Separate Accounts .....	.0					
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) .....	.0	.0	.0	.0	.0	.0
10. Reinsurance balance at the beginning of the year .....	.0					
11. Net change in reinsurance assumed .....	.0					
12. Net change in reinsurance ceded .....	.0					
13. Reinsurance balance at the end of the year (Lines 10+11-12) .....	.0	.0	.0	.0	.0	.0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

## SCHEDULE S - PART 1 - SECTION 1

[illegible]

## SCHEDULE S - PART 3 - SECTION 1

[illegible]

1599999 Totals